ATRIPAT1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/23/20

ACORD _M CERTIFICATE OF	LIABILITY INSURANCE	
	Y AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS	
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES		
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED		
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on		
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
PRODUCER K & K Insurance Group, Inc.	CONTACT	
P.O. Box 2338	PHONE 000 240 1020 FAX 260 450 5110	
Fort Wayne, In 46801		
	ADDRESS: KK.MOTORSPORTS@KANDKINSURANCE.COM INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: NATIONWIDE LIFE INSURANCE COMP 66869	
INSURED SPORTS CAR CLUB OF AMERICA, INC.	INSURER B: NATIONAL CASUALTY COMPANY 11991	
D/B/A SCCA	INSURER C:	
SCCA FOUNDATION, INC.;	INSURER D:	
SCCA VENTURES, INC.;	INSURER E:	
LAND O'LAKES REGION,	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	2011363 REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV		
LTR TTPE OF INSORANCE INSD WVD FOLICT NOMBER	(MM/DD/YYYY) (MM/DD/YYYY)	
	EACH OCCURRENCE 1000000	
B CLAIMS-MADE X OCCUR	12:01AM 12:01AM PREMISES (Ea occurrence 1000000	
Owners & Contractors Y KEO00082522		
X 250,000 E&O	PERSONAL & ADV INJURY 1000000	
	GENERAL AGGREGATE UNLIMITED	
	PRODUCTS-COMP/OP AGG 500000	
OTHER:	Part Lgl Liab 1000000	
	(Ea Accident)	
	BODILY INJURY (Per person)	
AUTOS	BODILY INJURY (Per accident)	
HIRED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	
UMBRELLA LIAB	EACH OCCURRENCE 10000000	
B X EXCESS LIAB CLAIMS-MADE XKO00082527	00 12:01AM 12:01AM AGGREGATE 10000000	
	1/01/20 1/01/21	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	PER-STATUE OTHER	
	E.L. EACH ACCIDENT	
EXECUTIVE OFFICER/MEMBER N / A EXCLUDED? (Mandatory in NH)	E.L. DISEASE – EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE – POLICY LIMIT	
	AD&D 50000	
A Participant Accident JXK00310929	00 12:01AM 12:01AM Primary Medical NC	
	1/01/20 1/01/21 Excess Medical 1000000 Weekly Indemnity 100 X 104	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Re		
	ians schedule, may be allached il more space is required)	
EVENT TYPE: RALLYCROSS DATE: 10/10/2020 SANCTION # 20-RXRG-19960		
LOCATION: WILLIAMS' FARM, PINE CITY, MN ** PA MEMBER LIMITS SHOWN ABOVE SEE ADDENDUM FOR NON-MEMBER PA LIMITS **		
	CANCELLATION	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN A	
IND OLIVES DESTON	ACCORDANCE WITH THE POLICY PROVISIONS	
LAND O'LAKES REGION		
Rol Rubul		

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AGENCY CUSTOMER ID: LOC # CERTIFICATE: 2011363 DATE ISSUED: 7/23/20

ADDITIONAL REMARKS SCHEDULE Page 1 of 1	
AGENCY K & K INSURANCE GROUP, INC. POLICY NUMBER GL KEO0008252200 PA JXK0031092900 EX XKO0008252700	NAMED INSURED SPORTS CAR CLUB OF AMERICA, INC. D/B/A SCCA SCCA FOUNDATION, INC.; SCCA VENTURES, INC.; LAND O'LAKES REGION,
CARRIER NAIC CC SEE ACORD 25	DDE EFFECTIVE DATE: SEE ACORD 25
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE	
PARTICIPANT ACCIDENT: CLASS 1 - NON-MEMBERS AD&D \$30,000	MED X \$30,000 WEEKLY INDEMNITY \$100 X 104 WEEKS
ADDITIONAL INSURED:	
A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTIONING, SPONSORING THE "COVERED PROGRAM", OR PROVIDING THE "PREMISES" FOR A "COVERED PROGRAM". INCLUDING OFFICIALS OF THE "COVERED PROGRAM".	
B. ANY "PARTICIPANT", "COMPETITIC VEHICLE" SPONSOR.	ON VEHICLE" OWNER AND "COMPETITION
	N-CONTRIBUTORY TO ANY OTHER INSURANCE REDS. A WAIVER OF SUBROGATION IS ALSO
EXCESS AGGREGATE EXISTS ONLY WHERE APPLICABLE.	
SPORTS CAR CLUB OF AMERICA, INC. (SCCA); SCCA VENTURES, INC., AND ALL REGIONS, DIVISIONS AND CHAPTERS CHARTERED BY SCCA; ALL SCCA AND REGIONAL DIRECTORS, OFFICERS, OFFICIALS, MEMBERS, DRIVERS, CAR OWNERS, ENTRANTS, PIT CREWS AND ALL OTHER PARTICIPANTS BEARING SCCA AUTHORIZED CREDENTIALS, ALL SPONSORS/ADVERTISERS CONNECTED WITH A CAR OR AN SCCA OR SCCA VENTURS, INC. PRO RACING DIVISION SANCTIONED EVENT WHILE INVOLVED IN AND ACTING IN THEIR CAPACTIY DURING THE PRESENTATION OR CONDUCT OF AN SCCA OR SCCA VENTURS, INC. PRO RACING DIVISION SANCTIONED EVENT.	